

LPHA Mutual Aid Resource Request

TO BE COMPLETED BY REQUESTING AGENCY

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EVENT NAME: _____ EVENT WEBEOC NUMBER: _____

DATE: _____ TIME: _____

PRIORITY:

STANDARD ☐ SCRAMBLE ☐ MAXIMUM ☐

REQUESTING AGENCY: _____ REQUESTOR NAME: _____

REQUESTOR PHONE #: _____ FAX #: _____

REQUESTOR E-MAIL: _____

RESOURCE REQUESTED: PERSONNEL

OF RNS _____

*RNs and LPNs to assist with mass vaccination/
medication prophylaxis distribution*

OF LPNs _____

OF EPIDEMIOLOGIST _____

OF ENVIRONMENTAL HEALTH _____

OF ANIMAL CONTROL _____

OF VECTOR CONTROL _____

OTHER POSITIONS _____

SPECIFY:

*(i.e., Rapid Response Food Outbreak Team and the SORT Team of
MPH Students to Help with CD Interviewing)*

MATERIAL RESOURCES REQUESTED: _____

ON SCENE DATE/TIME REQUESTED: _____

ESTIMATED DURATION OF DEPLOYMENT: _____

ADDRESS PERSONNEL SHOULD REPORT TO: _____

ADDRESS RESOURCES SHOULD BE DELIVERED TO: _____

NAME AND CONTACT PHONE NUMBER PERSONNEL SHOULD REPORT TO: _____

NAME AND CONTACT PHONE NUMBER FOR DELIVERY OF RESOURCES: _____

FAX/E-MAIL TO:

REQUESTING AGENCY: _____

ATTN: _____ FAX #: _____ E-MAIL: _____

RESPONDING AGENCY: _____

ATTN: _____ FAX #: _____ E-MAIL: _____

TO BE COMPLETED BY RESPONDING AGENCY

RESPONDING AGENCY: _____

RESPONDER NAME : _____

RESPONDER PHONE #: _____ FAX #: _____

CONTACT E-MAIL: _____

DATE: _____

PERSONNEL TO LEND:

OF RNS

*RNs and LPNs to assist with mass vaccination/
medication prophylaxis distribution*

OF LPNs

OF EPIDEMIOLOGIST

OF ENVIRONMENTAL HEALTH

OF ANIMAL CONTROL

OF VECTOR CONTROL

OTHER POSITIONS SPECIFY:

SPECIFY:

(i.e., Rapid Response Food Outbreak Team and the SORT Team of MPH Students to Help with CD Interviewing)

NAME/CELL NUMBER/TITLE FOR DEPLOYED PERSONNEL:

NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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NAME	CELL PHONE NUMBER	TITLE
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TO BE COMPLETED BY RESPONDING AGENCY (cont'd)

DAY/DATE/TIME PERSONNEL LEFT AGENCY: _____

EXPECTED ARRIVAL TIME OF PERSONNEL: _____

DAY/DATE/TIME PERSONNEL ARRIVE ON SCENE: _____

LOGISTICAL NEEDS:

GAS: _____

WATER: _____

FOOD: _____

LODGING: _____

MATERIAL RESOURCES TO LEND: _____

DAY/DATE/TIME RESOURCES LEFT AGENCY: _____

EXPECTED ARRIVAL TIME OF RESOURCE: _____

DAY/DATE/TIME RESOURCE ARRIVED ON SCENE: _____

NAME _____ **SIGNATURE OF RECEIVING AGENCY** _____ **DATE** _____